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SUBJECT: TAIWAN'S BIO-TERRORISM DEFENSE

1. Summary. Taiwan's Department of Health (DOH) held a three-day International Conference on Bio-terrorism Defense in Taipei December 6 -8, with international experts on bio-terrorism and presentations on the economics, law, medicine, public health, emergency management, epidemiology and other fields. On December 8, the Taipei city government conducted a bio-terrorism attack and response exercise. End Summary.

Taipei Int'l Conference on Bio-terrorism Defense -----

2. AIT/T Science Officer and Regional Medical Officer attended the 2005 Taipei International Conference on Bio-terrorism Defense, held December 6 - 8, 2005 at the Grand Hotel in Taipei. DOH and the Ministry of National Defense (MND) jointly organized the conference. The conference presented an opportunity for exchanges on how to prepare for bio-terrorism. Speakers included experts from the U.S., Japan, Poland, Singapore, Indonesia, France and other countries. The conference was divided into three sessions:

1. Governmental Preparedness for Bio-terrorism; 2. Response to Bio-terrorism Attack; and 3. Taiwan's Response Team reacting to a mock bio-terror attack in a subway (metro) station.

How to deal with Bio-terrorism -----

3. Taiwan Center for Disease Control (CDC) Director General Steve Kuo said Taiwan is relatively new to bio-terrorism defense and needs to coordinate with the global healthcare community. Kuo stated that despite non-official status in WHO, Taiwan participated on the basis of the recently revised International Health Regulations (IHR) with "universal application." He said DOH is in the process of drafting plans for launching Taiwan's "Bio-terrorism Preparedness Training Center," to be located in Taoyuan, jointly with the National Defense Military Medical Bureau. While bio-terrorism used to be considered a national security issue entirely within the purview of the military, Kuo said the DOH is now also actively involved. Kuo said anthrax and smallpox are the most likely bio-terrorist threats to Taiwan.

4. CDC Deputy DG Shih Wen-yi spoke on Taiwan's countermeasures to biological attack. Shih said that Taiwan has made a slow start in the area of bio-terrorism defense. Shih described command and control structures, planning and drills held, and laboratory capacity for identification of biologic agents. In outlining Taiwan's national goals, Shih said that priorities include completing a bio-terrorism emergency response system, enacting anti-bio-terrorism regulations and establishing a policy, recruiting personnel to staff anti-bio-terrorism organizations and selecting and procuring inspection and protection equipment. In 1993, the Executive Yuan completed a draft plan to deal with bioterrorism. Since that time the plan has undergone multiple revisions including the July 2004 establishment of the "Council of Bio-terrorism and Unknown Communicable Disease Prevention and Control." At present, Taiwan's national anti-terrorism system is modeled on a "3-3-1" system. The first "3" refers to the different stages of crisis management: preventing it, dealing with it and recovering from it. The second "3" refers to the different levels of risk associated with an incident: low, medium or high. While the "1" refers to an emergency response system.

Disaster Response: Learning From Past Experience -----

5. Session II of the conference focused on responses to a bio-terrorism attack. DOH Bureau of Medical Affairs Director-General Hsueh Jui-yuan reviewed disasters in Taiwan over last 100 years. Health-related disasters have claimed 3600 lives in SIX incidents. Earthquakes have claimed 7900 lives in 14 episodes and other disasters have claimed a total of 17000 lives over the past 100 years. Taiwan's response system focuses on the role of the local and national fire brigades. County authorities are the base level, activating the response system and alerting the national brigades. The National Security System and Executive System would work in parallel in the event of a

crisis. Taiwan's vaccination, medicine stockpiles, law enforcement and training programs for bio-terrorism were also addressed in this session.

16. The experts stressed that surveillance, quarantine, laboratory testing, and immunization are important bio-medical defense measures against bio-terrorism. TCDC pointed out that surveillance systems in Taiwan are active, and over 500 medical staff report to the government each week on medical developments. Reviewing lessons learned from the SARS experience, Taiwan health experts highlighted the importance of protecting medical staff in the event of an outbreak.

Drills: need for better press management

17. The conference ended with a demonstration drill of a bio-terror attack. The scenario involved theft of lab samples of Avian Influenza from a hospital lab, politically motivated threats against the authorities, and a deliberate release of the Avian Influenza virus in a local subway (Metro) station. This event was witnessed by bystanders who alerted the authorities, leading to a chain of events culminating in closure of the MRT station. Simultaneously, the emergency response system was activated with a combination of forensic, public health, and medical teams. The response teams, wearing protective equipment, decontaminated victims in mobile units and moved them to medical facilities. All went smoothly in the mock event, except that the press was not properly managed and barged in at every opportunity to take photos, causing delays.

Can they respond to massive casualties?

18. After the drill, American experts and TCDC personnel discussed the merits of the exercise. Dr. Allswede, head of the American delegation, commented that the conference was a good investment of time by the Taiwan authorities and that good progress had been made over the past year.

19. The panel of experts raised many questions about the equipment, organization and capabilities of the response teams. For example, the response team at the scene of the alleged attack, while well equipped with sensors for bio-chem agents, did not carry radioactive detectors. If the attack had involved radioactive agents, the response team would have been unable to detect those agents. Further, there was no provision for dealing with an explosive device.

110. The experts also questioned the police screening of people at the attack site. The quick apprehension of the alleged suspect was lauded but doubts were raised as to why the public at the site of the attack (subway station) were not screened for the possibility of additional attackers.

111. In the scenario a dozen or so subway riders were put through an isolation tent and treated. However, in the event of massive casualties, it was not clear that the authorities have the ability to treat hundreds of patients and to test them for exposure to pathogens. There were also doubts about the one-hour response time capability claimed by the TCDC response team considering traffic, accessibility and interagency coordination issues.

112. The panel concluded this was a good exercise, but work needs to be done to foster stronger interagency coordination among agencies responding to a bio-chem attack. Currently, the Atomic Energy Commission is responsible for radioactive incidents, the Environmental Protection Agency for chemical attacks and the Center for Disease Control for bio-attacks. Ensuring that these different agencies cooperate in the event of a bio-chem attack is an issue that the next conference on bio-terrorism will need to address.

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